

REQUEST FOR RESTORATION OF A BEAUTY CULTURE PROFESSIONAL LICENSE

STATE BOARD OF COSMETOLOGY EXAMINERS
INDIANA PROFESSIONAL LICENSING AGENCY
402 W. WASHINGTON STREET, ROOM W072
INDIANAPOLIS, IN 46204-2700
PH: (317) 234-3031 FAX: (317) 233-4236
Email: pla12@pla.in.gov
Website: www.pla.in.gov

LICENSE TYPE INFORMATION

☐ Cosmetologist: ☐ Manicurist: ☐ Electrologist: ☐ Esthetician: ☐ Instructor:

* Your Social Security number is being requested by this agency in accordance with IC 4-1-8-1. Disclosure is mandatory and your application will not be processed without it.. Social Security numbers are made available to the Department of Revenue and as otherwise required by law.

IDENTIFYING INFORMATION

Current name of applicant (first, middle initial, last)		Date of Birth
Name of applicant at the time license expired		
Address (number and street, city, state, ZIP code)		
License number (if available)	Year your license expired (required)	Social Security Number
Email address		Telephone number

CERTIFICATION

1. Have you ever committed an act for which you could be disciplined under IC 25-8-14? ☐ *Yes ☐ No
2. Since your license expired, have you been convicted of, plead guilty, or nolo contendere to any offense, misdemeanor or felony in any state, or by the Federal courts, or any agency of the government, or are criminal charges now pending against you? *(Except for minor violations of traffic laws resulting in fines)* ☐ *Yes ☐ No
3. Since your license expired, have you been denied a license, certification, registration, or permit to practice as a beauty culture professional or any other profession in this or any other state? ☐ *Yes ☐ No
4. Since your license expired, has any complaint been filed against you in the State of Indiana, or any other state, regarding any professional license you now hold or have previously held? ☐ *Yes ☐ No
5. Since your license expired, has any disciplinary action been taken regarding any professional license, certification, registration or permit that you currently hold or have held? ☐ *Yes ☐ No
6. Are you a registered sex offender? ☐ *Yes ☐ No

*If you answered yes to any questions, please provide written explanation along with legal documentation.

By signing below, I certify that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge. I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying, or for disciplinary action against the license which may be restored.

Signature of applicant	Date
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NOTICE

Please be advised that licenses that expired prior to August 1, 2000 may not be able to be located. **Records must be located and verified to restore a license.** Once the license record is verified, you will receive an application for renewal along with detailed instructions. See the following steps for the process of restoring a beauty culture professional license upon approval of this request form. **The information below is for notification purposes only and should not be followed until you receive the application for renewal.**

1. Submit request for restoration of a beauty culture professional license. If your name has changed since your license expired, please attach copies of name change documentation. Acceptable forms of name change documentation are copies of a marriage certificate, divorce decree, or court documentation.
2. **After approval of your request for restoration** of a cosmetology professional license, submit restoration form with \$80.00 payment for restoration (without this form and payment, the restoration of your license will not be processed and you will not be made eligible for the examination).
3. Take and pass the appropriate written beauty culture professional examination through Pearson VUE.
4. Send your examination pass notice from Pearson Vue to the State Board of Cosmetology Examiners address above for license issuance.